

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004209 (1)

1. Corporation Name

TIGER PAWS FLOOR SAFETY SYSTEMS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

13523 DECATUR CIRCLE
OMAHA NE 68154

13523 DECATUR CIRCLE
OMAHA NE 68154



3. Date Incorporated or Qualified

3a. Date of Last Report

08/31/1995

4. FEI Number

Applied For

Not Applicable

47-0791472

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 309 ALTAMONTE CORP BLVD 309 ALTAMONTE CORP BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1532

27 1532

City & State

City & State

23 ALTAMONTE SPRING, FL 28 ALTAMONTE SPRING, FL

Zip

Country

Zip

Country

24 32214

25 USA

29 32214

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDMONDS, THOMAS
245 COURTNEY AVE.
ORANGE CITY FL 32763

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the Applicant

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCD
LUTZ, RALPH
13523 DECATUR CIRCLE
OMAHA NE

☐ DELETE

TITLE
NAME
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CITY - ST - ZIP

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11 TITLE
12 NAME
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14 CITY - ST - ZIP

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61 TITLE
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63 STREET ADDRESS
64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing Fee

CR2E034 (3/96)